

COMBINED DECLARATION & POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	115-26US/12667/100118
		First Named Inventor	Pasqualino Michele Visocchi
		COMPLETE IF KNOWN	
		Application Number	New Filing
		Filing Date	
		Group Art Unit	
		Examiner Name	
<input checked="" type="checkbox"/> Declaration Submitted With Initial Filing	OR	<input type="checkbox"/> Declaration Submitted After Initial Filing (37 CFR 1.16(e) Required)	

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole Inventor (if only one name is listed below) or an original, first and joint Inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Elevated Front-End Transimpedance Amplifier

the specification of which

is attached hereto OR

was filed on (MM/DD/YYYY) _____ as United States Application Number _____ or PCT International Application Number _____ and was amended on (MM/DD/YYYY) _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365 (b) of any foreign application, or 365(e) of any PCT International application which designated the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
				Yes No

Additional foreign application numbers are listed on a supplementary priority data sheet (PTO/SB/02B) attached hereto:

COMBINED DECLARATION & POWER OF ATTORNEY- Utility or Design Patent Application		Attorney Docket No. 115-281 S/12687/100118	
<p>I hereby appoint Practitioners at Customer Number 23838</p> <p>as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.</p> <p>Direct all correspondence to: Gary Morris, Reg. No. 40,735 Kenyon & Kenyon 1500 K Street, N.W., Suite 700 Washington, DC 20005-1257 PHONE: (202) 220-4200 FAX: (202) 220-4201</p> <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements were made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 17 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Pasqualino Michele		Family Name or Surname Visocchi	
Inventor's Signature 		Date 9/14 Sept 2003	
Residence: City High Barnet, Barnet	State Hertfordshire	Country United Kingdom	
Citizenship British			
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City High Barnet, Barnet	State Hertfordshire	ZIP EN5 4JQ	Country United Kingdom
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country
NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country
<input type="checkbox"/> Additional inventors are being named on the supplemental Additional Inventors sheet P1 1/8B/02A attached hereto.			